MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5190

CERTIFICATE OF DEATH

Reg. Dist. No.

v5174

								- 49			
1. PLACE OF DEATH o. COUNTY	orcester		MARYLAI	11	USUAL RESIDENCE (lived. If instituti b. COUNTY		cest		ion)
	f outside corporate lim	ils, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (URAL ond	give nec	rest lown)
OR INSTITUTION	(rural) AL (If not in hospital,) oute #1	give street	29 Yrs	X	d. STREET ADDRESS Route						DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Amanda	rst	Middle	Adki	Lost	4. DATE OF DEATH	Mor 4	ith	Do 26		9 60
5. SEX Female		7. MARR	NEVER MARRIED DIVORCED	_ _ /	17/1889		9. AGE (In years last birthday) yrs.	IF UNDER	Doys Doys	IF UNDE Hours	R 24 HRS. Min.
house wife	ting life, even if retirec	done 10b.	KIND OF BUSINESS OR II		Marylan	id	ountry)	12.CIT	US.	WHATC	OUNTRY?
13. FATHER'S NAME				14	. MOTHER'S MAIDEN		1				
William Sel			-75		Tabby Pu	rnell					
15. WAS DECEASED EVEL	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.		Adkins,	Rt #1.,	Newark,				
gove rise to it	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-tying cause last. Conditions, if ony, which gove rise to immediate couse (o), stoting the under-tying cause last. Coronary Thrombosis Hypertensive Cardio-vascular Disease Chronic Bronchial Asthme						ease		S	ever Year	
CATIC			CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER			EN IN PAR	RT 1(a) 1	PERFO	NO
	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye				OF INJURY (Home, fo						(Fa-1-1
20c. TIME OF INJUR Hour o. m. p. m.	19	While at work	Not while	factory,	street, office bldg.,	etc.)			County)		(Stote)
actual SIGNATURE	ot I attended the 18/60 Juny (19/19)	12	Sully S		Flower	ADDRESS (Sh	reet, city or town, rlin, Md	d on the	ost sav e date	stated	abave signed 9/60
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL			22c. NAME OF CEMETER St. Peters	-		22d. LOCAT	ION (City, town, wark, Mc		are name and passed an	(Stote	:)
23. FUNERAL DIRECTOR Thornton B.		alisb	ADDRESS ury, Md			MAY 3	100	STRAR'S SI			

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1. PLACE OF DEATH o. COUNTY (CATELOS)	MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE	b. COUNTY (A COUNTY)
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nodestatown) d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside comporate d. STREET ADDRESS	limits, write RURAL and give nearest town) o. 15 RESIDENCE ON A FARM? YES ☐ NO ☐
3. NAME OF DECEASED (Type or print) 5. SEX 6-COLOR DR RACE 7. MARRI WIDOWE WIDOWE WIDOWE during frost of working life, even if retired)		tom-10-1660 80	Month Day Year 196- GF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
13. FATHER'S NAME Wintle Wints 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 19 (Yau, no, or Ultimorph) 16 yes, give war or dates of service)	one m	14. MOTHER'S MAIDEN NAME BISH Harriett Bish Madeline Mam	of Address Snow Will me
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS C	Teriose	Lester cardige	INTERVAL ACTWEEN ONSE AND DEATH ONSE AND DEATH SEVERAL SEVERAL ONSE AND DEATH ONS
20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED 20e. P	ED. (Enter nature of injury in Part I or Port II or Por	
21. I certify that (I) (this haspital) attends aw the deceased alive an affice (1) 22a. SIGNATURE (1) 22c. PHYSICIAN'S NAME (Type) Vory U.		death accurred of M. from the	TAFF HYS. 1960, that (1) (we) last causes and on the date stated abave 22b. DATE SIGNED HYS. 4 12 6
25 BURIAL, CREMATION, 236. DATE THEREOF / SEMOVAL (Specify) Mile 13/60 24. North Burechon's Signature	230 NAME OF CEMETERY	OR CREMATORY 23d/LOCATION WINDLY 25d. REC'D BY REGISTRAR	Ligity town, or county) (Sgre) 25b, Rigistran's Signature
Mely & James Sne	will, n	DATE APR 1 3 '60	Colling S. Krows

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24: The death death. Page 4 may be and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon places. Sages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 places after beath.

VR A1S (4) 1SM 9/59

NAMES DATE:

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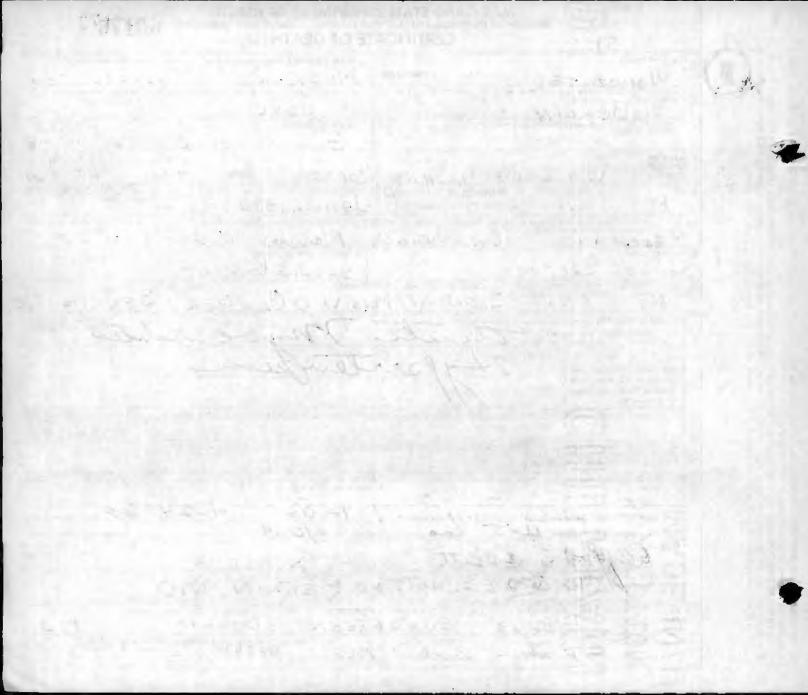
TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and death. Page 4 may be a fine by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Board of Health prior to burial-transit or remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05176

	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF DECRASED (Type or print) A LLACE DESHAW	COPPER 4. DATE OF DEATH APRIL 27 1960
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JA N. 16, 1890 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS. If UNDER 24 HRS. If UNDER 24 HRS. If UNDER 1 YEAR IF UNDER 24 HRS. If
	O. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT OWN BUSINES	1 1 1 1 1 1 1
3.	SAMUEL CROPPER	SALLIE GAULT
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, I 20, of open from the control of services 220-32-1189 M	TRS. W. D. CROPPER BERLIN M
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myseurdet Sherween ONGET AND DEATH
	Conditions, if ony, which gove rise to Immediate couse (o), stating the underlying couse last.	rteußen
CERTIFICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl While Not while of work of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
	21 I certify that (I) (this hospital) attended the deceased frame saw the deceased alive an 44-5 10-9 and that	death accurred 6 and fine the causes and an the date stated above.
	Clefford E. Solett	M.D. PHYS. MED. STAFF SIGNED
	PHYSICIAN'S CHOTT,	M.O BERLIN, MD.
236	BURIAL CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OF SURVEY OF RESERVED TO SURVEY OF RESERVED	OR-CREMATORY 23d. LOCATION (City, town, or county) (State) CREEN BERLIN MD,
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bulin	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE CINTERED TO THE APR 2 8 50



518 TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 jp. in ofter death. Page 4 may be called by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. o. COUNTY b. CITY OR TOWN (If on RUIAL and give means d. NAME OF HOSPITAL (IF OR INSTITUTION NAME OF DECEASED (Type or print) 57SEX 10a. USUAY OCCUPATION (Ginduring most of warking life 13. FATHER'S NAME IS. WAS DECEASED EVER IN U (Ill yes, g CAUSE OF DEATH (PART I. DEATH WA Conditions, if ony, w gove rise to immed couse (o), stoling the un lying cause lost. CERTIFICATION PART II. OTHER SIC 20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC MEDICAL 20c. TIME OF INJURY Mo Hour o. m. p. m. 21. I certify that (1) saw the deceased a 22a, SIGNATURE 2/c. PHYSICIAN'S NAME (Type) OYAL (Special) VR A15 (4) 1SM 9/59

DIVISION OF STATISTICAL RESEARCH A	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND US 177
The MARYLAND	2. USUAL RESIDENCE (Where occased lived. If institution, Residence before admission) o. STATE b. COUNTY (MARGUELLE)
le corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Mostside corporate lights, write RURAL and give nearest town)
not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
Tovenia Middle	Savels DEATH and 18 1960
plana widowed DIVORCED	B. DATE OF BIRTH 9. AGE In years Jost Bythday) Months Doys Hours Min.
ve kind of work done 10b. KIND OF BUSINESS OR INDU	Malgia
www	14. MOTHER'S MAIDEN NIGHE GINDLOSOM
. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	Magnalia Mills Brynman Pa
inter only one couse per line far (a), (b), and (c).] AS CAUSED BY: DIATE CAUSE (a)	Interval Between ONSET AND DEATH
DUE TO CONTROL OF THE TOP OF THE	Condinasale disine 5 yrs
)(c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
DERLYING DUSC DESCRIBE HOW INJURY OCCURRED LUSE OF DEATH CAL EXAMINER;	PED. (Enter nature of injury in Part I or Part II of item 18.)
onlh, Day, Year 20d. INJURY OCCURRED While Not while of work at work	LACE OF INJURY (Home, farm, etcary, street, affice bldg., etc.) 20f. (City or town) (County) (Stote)
(this haspital) amended the deceased fram- live on Africa 120, and that	death accurred at 80 M, from the causes and an the date stated abave.
the Lathar	M.D. PHYS. ATTENDING MED. STAFF PHYS. 4 2 3 CO.
bert CLBMAR	104 Beg St. Droutkill Mul.
DATE THEREOF 23 NAME OF CEMETERY	CREMATORY 23d (DCATION (Cry lown or county) (State)
MATURE Snow Bill	250. REC'D'BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 25 360 Online 8. Kinna

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is necessory, please energector. Page 4 should be TO DEPLEY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deficience, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registra or removal.

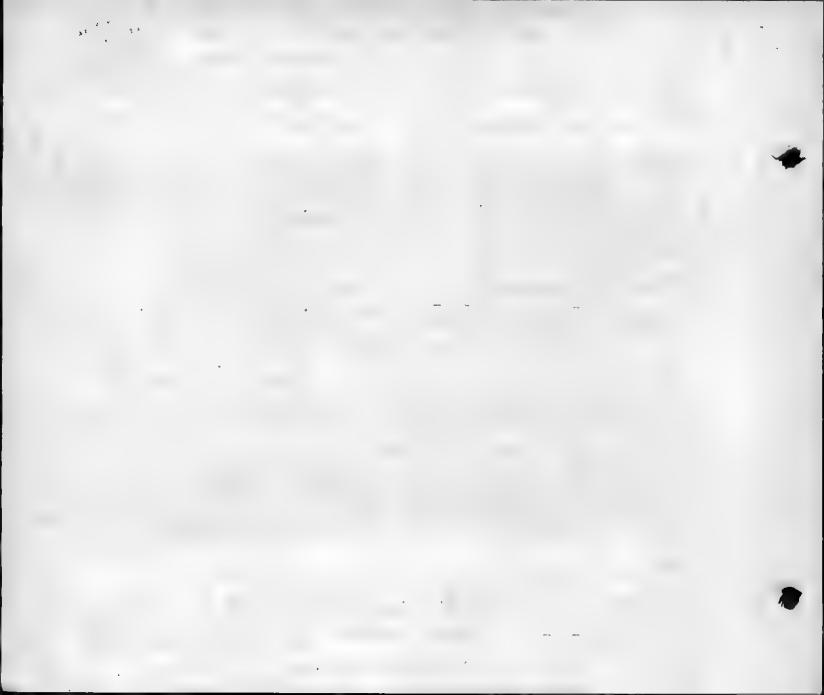
VS. A15ME(S) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 U5178 Reg. Dist. No. 5191 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

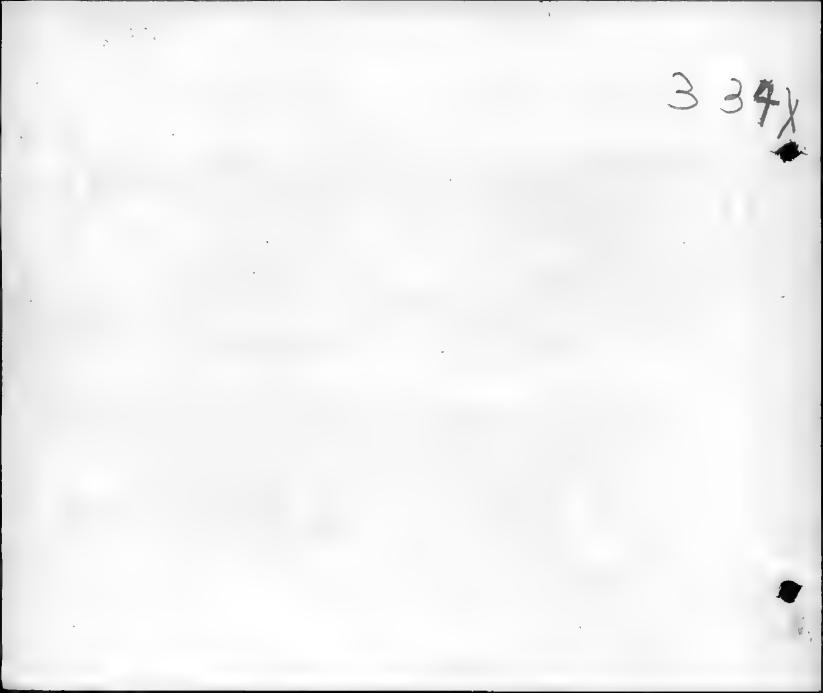
I, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
ORCESTER MARYLAND	C. STATEM ARYLAND B. COUNTY BACTON
b. CITY OR TOWN It outside corporate limin, write BURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I) outside corporate limits, write RURAL and give nearest town)
CEAN CITY (RURAL) 4DAYS	BALTIMORG 3VOI.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
	5036 LINDEN HOLGHTS YES NO
3. NAME OF DECEASED (Type or print) Isadone Con made :	Franz de Abort 28 1960
	DATE OF BISTIN PAGE 110 YEAR SET UNDER 14 ARS
MIDOWED ☑ DIVORCED ☐	APRIL 3,1884 lost birthdor) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
KETIRED REASIDEER ELECTRICAL UNIL	NOERMANY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	hickory (time)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (You no, or unknown) 18 yes, give wor or dotes of service)	FORMANT 2 Address MATTHEWS DR.
[/V],	C. MICHARD H. FRANZ BALTOSYMID
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Concletion	heart talene sec 10 min
DUE TO O	
(Condition, if any, which) (b) Covarie un	Tener Deseare of 2 ms
gove rise to immediate cause (a), stating the underlying DUE TO	20 - 2 -
couse lost. (c) d'elle friende	mystandelies 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. (VAS AUTOPSY PERFORMED?
3	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E) CAUSE OF DEATH.	nter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour o. m. p. m. 19 of work of work	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Name Name	
21. I certify that I took charge of the remains described about	ve, held an Autopsy , Inspection I Inquiry and find that
death resulted from: Notural causes Accident , Suice	ide [], Homicide [], Undetermined couse []. @ // P.m
1/2 1/2	BAR SIALIS
SIGNATURE / Letrace Ci. Calilines	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER []
NAME (Type)	DEPUTY MEDICAL EXAMINER 4
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-	EREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL 5 2/60 LORRAINE	PARIC BALTIMORE MO
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
The post of the second	DATE MAY 2 '60 Chillur S. Kraus

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t after death. Page 4 reter (illed in by the funeral director, its Pages 1 and 2 should be filed with 3. TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in may be. And by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contratestilled it page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages 1 of the registrar prior to burial cremation, ar remayal and in any event within 72 hours after death. 5. 5 10a 13. 15. (Yes MEDICAL CERTIF CATION 220 23. VS A15 (4) 1SM 9/SB

MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
5184	CERTIFICA	ATE OF DEATH	6.9	100		
0102	CERTIFICA	AL OI DEATH	Reg. Dist	, No.		
PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		e before admission)		
MARCESTER	MARYLAND	MARYLAND	b. COUNTY	CESTED		
CITY OR TOWN (If outside carporate limits, write	. LENGTH OF STAY IN 1b	والمراجع فالمتحافظ والمتحاص والمتحادث والكارا	rparate limits, write RURAL and gi			
RURAL and sive necrest town)		V Q=011	~			
d. NAME OF HOSPITAL (If not in haspital, give street ad	dress)	d. STREET ADDRESS		e. IS RESIDENCE		
OR INSTITUTION	•	/		YES NO NO		
NAME OF First	Middle	Losi 4. DAT	E Menth	Day Year		
(Type or print)	VERA	TASTINGS DEA	TH Effel	9 1960		
SEX 6. COLOR OR RACE 7 MARRIE		B. DATE OF BIRTH		YEAR IF UNDER 24 HRS		
F WIDOWED	DIVORCED	DEC. 2, 188	7 lost birthday) Months 1	Doys Haurs Min.		
. USUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreig		EN OF WHAT COUNTRY?		
during most of working life, even if retired)	WIN HOME	PARSONS	BURGMO	U.SA.		
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	00,00			
EVIN DAVIS		SACA G	NENS			
	CIAL SECURITY NO	NFORMANT	Address			
(, no, or un polyn) f yes, give war or dates of service) 2.1		Mo. Log	HASTINGS E	3FOLIN MI		
18. CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	111 (-110	Kennhannk	118.	ONSET AND DEATH		
33/X DUE TO 5	The contract of the contract o	,	1			
Conditions, if any, which)	· O · · · · · ·	Carleni.	all me	4 1011		
gove rise to immediate	N. C. E. C. C. C. C.	La center 1-te	1644 2000000	0-1		
couse (a), stoting the under-	0			0		
lying couse lost.) (c)	a selection and the desired form			L . (120) WHE L STOREY		
PART II OTHER SIGNIFICANT CONDITIONS CO	NIRBUTING TO DEATH BUT	NOT RECATED TO THE TERMINAL DISP	- 10000	PERFORMED?		
wireles in	Merrie	ingo caracie	Regenter	YES NO P		
20g. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enternature of injury in Part I or	Port II af Jem 18)			
		ACE OF INJURY (Home, form, 20f (City or town) (Co	ounty) (Stote)		
Hour o.m While p.m. 19 at work	1401 Millie	ctary, street, affice bldg , etc.)				
21. I certify that I attended the decease	77	19 ×) to Pross	1 9 106 6 that I las	t saw the deceased		
alive an Rayl 9 196	O and that death	accurred as Michael Son	im the causes and an the			
dive direct 2000 2000 1, 12.00	A A		(Street, city, or town, state)	DATE SIGNED.		
SIGNATURE / Le Manelle	Mishly,	Bo. O.	· me	4/11/2		
SIGNATURE / PULCARERUEL	1.0.214	M.D.	a			
PHYSICIAN'S Herman A. Robi	oins M. D.	Berlin,	Maryland			
BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R-CREMATORY 22d LC	CATION (City, town, or county)	(Stote)		
3 C 2 A CO	ST. PAUL	LSB	BRL114	IYIJ		
FUNERAL DIRECTOR'S SIGNATURE	ABDRESS	24a. REC'D BY REC				
Anna A: Bushare	13.00	md and 1	4 60 Cathur &	Thank.		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 65181 CERTIFICATE OF DEATH 5185 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY 6. COUNTY ORCESTE MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) & CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Berlin Nursing Home YES NO 17 NAME OF Middle 4. DATE OF Last Month Year (Type or print) DEATH PRIL NNIE 19 6 0 UNSHIRE 10 LLOWAY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX last birthdoy) Months WIDOWED X DIVORCED [(yrs. 12. CITIZEN OF WHAT COUNTRY? 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during most of working life, even if retired) Delaware 115571 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMUNSO RG-1741 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, If ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. of work at work

saw the deceased alive an

21. I certify that (I) (this haspital) attended the deceased fram _1966, and that death occurred at 550 M, from the causes and an the date stated above.

, la L

1966, that (I) (we) last

PHYS. M.D.

MED DIRECTOR

22b DATE SIGNED

22c. PHYSICIAN'S NAME (Type

22d. ADDRESS

23d LOCATION (City town, or county)

	=
(Cantal)	
(210.6)	
\ J	

24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL CREMATION. REMOVAL (Specify)

60

236, DATE THEREOF

GREEN

23c NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Colleg S. Kraus

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MARYLAND	STATE DEPARTMENT OF HEALTH-BALTIMORE	18,5189
5133	CERTIFICATE OF BEATU	00102
OTOG	CERTIFICATE OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY B. C. E. S. T. G. R. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY ARVLAND ARCESTER				
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)				
WHALEVYILLE	X WHALEVYILLE				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o is residence on a farm? yes \(\sum_{1} \text{NO} \)				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) DARAH ELIZABOT	THHUDSON DEATH APRIL 10 1960				
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH DEC 28 1878 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Is birthdoy) Namhh Days Haurs Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU:					
during most of working life, even if retired) HOUSEWIFE OWN HUME	WICOMICO CO. MD UISA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
JOSIAH CAREY	NANCY PREY				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (VBs. no. 70. ugltnown) (15 yes, pive war or dates of service)	NFORMANT Address				
1/0 1/0	R. URIAH MUDSON, MHALE VILLE				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a)	Hemornoge				
Conditions if any which \	histeria 26 tirs				
gave rise to immediate Our TO	7-10-10-10-				
tying couse last.	oselerasis				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?				
CAI	YES NO				
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIB	D. (Enter nature of injury in Part 1 or Port II of item 18.)				
	ACE OF INJURY (Hame, farm. 20f. (City ar tawn) (Caunty) (State) ctory, street, affice bldg, etc.)				
Haur a m. 19 While Nat while at wark at wark					
21. I certify that I attended the deceased from 4 - 70:					
alive an 4-10-, 1960, and that death	accurred at 2.30 P.M., from the causes and an the date stated above.				
ACTUAL ROLL B D	ADDRESS (Street, city ar tawn, state) DATE SIGNED				
SIGNATURE Tras. Y. Law	4.0. Jesten /11a 4-12-1961				
PHYSICIAN'S NAME (Type)					
220 BURIAL, CREMAT, ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R EREMATORY 22d. LOCATION (City, town, or county) (State)				
Burial 7/13/60 NEW H	OPE MILLARDS (RFD) ND				
23. FUNERAL DIRECTOR'S SIGNATURE Suchas Bulin	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S'SIGNATURE APR 1 4 '60 Orthur & Trave				
	DATE				

331%

FOR STATE HEALTH DEPT.

TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defermines the executive certificate, withing the ward "pending" in pending itself as. Give Pages 1, 2, and 3 to the fill director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME \$M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 65183 5194 Reg. Dist. No.

	PLACE OF DEATH				(Where deceased lived,	If institution Residence	before admission)
		rcester	MARYLAND	o. STATE Mary	land b.	COUNTY Word	ester
	b CITY OR TOWN (If outside corporate simils, write RLR	c. LENGTH OF STAY IN 16		(If outside corporate lim	its, write RURAL and gis	ve negrest town)
	-	omoke City	3 92000	X Rura	1-Pocomok	e City	
			i in hospitol, give effect oddress)	d. STREET ADDRESS			. IS RES DEN TE
				/			YES NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month D	Day Year
	(Type or print)	IDA	J	ESTER	OF DEATH AT	ril 2	
	5. SEX		MARRIED NEVER MARRIED B	The state of the s	9 AGE	D VERTA LIFTINDER TYP	AR IF UNDER 24 HR
	Female	Negro w	DOWED DIVORCED	arch 11.	1888 72	Months Day	rs Hours Min
	10a USUAL OCCUPATI	the same of the sa	106 KIND OF BUSINESS OR INDUSTR		ole or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	Housewife			Mar	yland	11	SA
	13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	Geori	ge W. Jones	-	Gadd	lie Brown		
		VER IN U. S. ARMED FORCES		FORMANT	20 21 0 1121	Address RFD	2
	NO	(ir you, give war ar dates at service		s Lessie	Lankford,		_
		ATH Enter only one couse p			7	7.0	NTERVAL BET ATEN
	PART I, DEA	TH WAS CAUSED BY:	Contratas	cular	acced	c. 1-	ONSET AND DEATH
	3317	DUE TO		X JCC DC			THE STATE OF THE S
	Conditions, If c		Howherton	W KANA			
	gove rise to imme	ediote couse		-671			
	(a), stating the	underlying (c)	* /				
	Z PART II. OT		ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINALDISEASE CONDIT	ION GIVEN IN PART THE	119. WAS AUTOPSY
	ATIO						PERFORMED?
	20a. EXTERNAL CA	USE WAS 206 D	ESCRIBE HOW INJURY OCCURRED (En	ster nature of injury in P	ort for Port II of stem 18	11	1.13
	200. EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH.	INTRIBUTING	· ·			,	
	3 20c. TIME OF INJU	IRY Month, Day, Year	20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, In	orth. L20f (City or town)	(County)	(State)
	Hour o.m.		While Not while foctor	ry, street, office bldg., e	itc.)	(337)	(**=10)
			the remains described above	a hold no Auto-		\rightarrow	
			AND A SHAPE				ond in my
"	opinion dean	regular train Nati	urol causes . Accident], Suicide [_],	Homicide [], (Jndetermined mor	iner [
	ACTUAL	TACKY.	itain ()	CHIEF MEDICAL	EVALUED [7]		DATE SIGNED
	SIGNATURE	14	TTEO. MICH . SM	-W D	ICAL EXAMINER	4	4/24/60
	EXAMINER'S	N. E. SAR	TORIUS SR.	DEPUTY MEDICA		1/	
	NAME (Type)	W Y	1011100 DITE				
	Burial Specify	ON, 226 DATE THEREOF			22d LOCATION (City		(Stote)
	23 FUNERAL DIRECTOR		Georgetown C			COMOKE CI	
	700.011	/ lust	Pocomoke City		MAY 2 '60	w. REUISIRAR'S SIGNA	1
- 1	VILLULIA M	1. ISTO LOND	rocomoke City	. Mc DATE	MAT 4	G-2000 1 = 1	

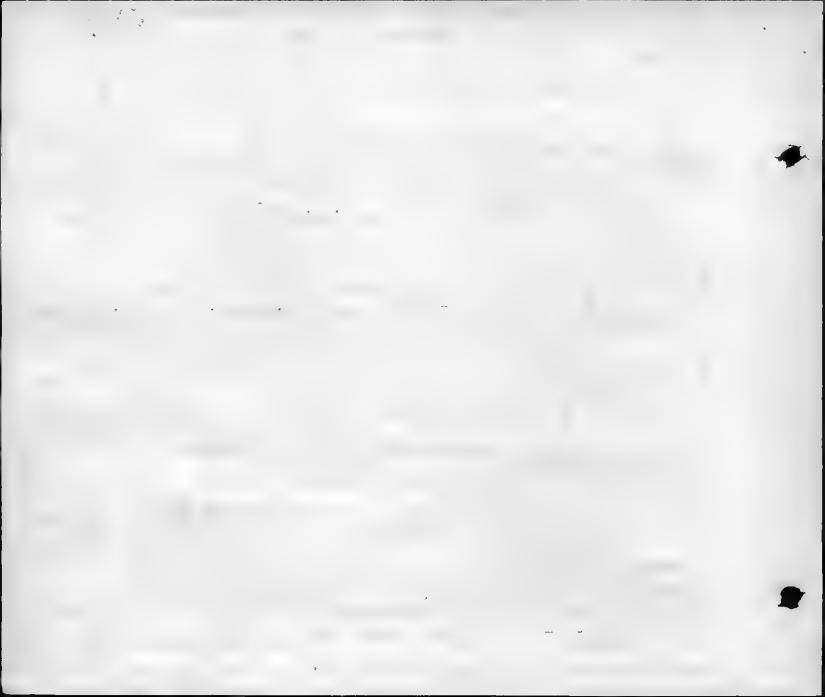


TO HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5195 **CERTIFICATE OF DEATH** (,5184 Reg. Dist. No.

1.	PLACE OF DEATH	cester		MAR	YLAND	o, STATE .	DENCE (WILL Maryl	_	d lived. If institut b. COUNTY	,		e odmiss	
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)								
L	Stockton					X Stockton							
	d. NAME OF HOSPITA OR INSTITUTION Bay Road	AL (If not in hospital, g d	ive street	oddress)		d. STREET ADDRESS Bay Road o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \$\(\text{NO} \)						FARM?	
3.	NAME OF DECEASED	Fir	sf	Middle	,	lo	st	4. DATE	Mo	nth	Day	, 1	/ear
	(Type or print)	FREI)	BREM		JONE	ES	OF DEATH	Apri	1	20	1	1960
5. :	SEX	6. COLOR OR RACE	7. MARE	IED 📆 NEVER MARR	ED 🔲	DATE OF BIRT	'H		9 AGE (In years lost birthday)				
_	Male	White	WIDOWI	ED DIVORCE		Jan.	6, 18	93	67 yrs		Doys	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work on life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. SIRTHP	LACE (Stote	or fareign c	auntry)	12. CITI	ZEN O	F WHAT	COUNTRY
	Waterman	ng ma, aren ii teillea	'	Seafood			Mary	land		U	ISA		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				-	
	George M	. Jones					Sara	h A.	Conner				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT				fress			
,,,,	yes	WW 1		18-12-132	ed M	rs Maud	de M.	Jone	es. Sto	ckton	. N	ary	land
	18. CAUSE OF DEAT	TH [Enter only and ca	use per li	ne for (a), (b), and (c)							INTE	RVAL BET	TWEEN
	PART I. DEAT 420 Conditions, if an gove rise to in	madiate)	Orcine	Lay .	lk-	e set	60-1	- 63		ONS	ET AND	DEATH
	couse (o), storing the under. DUE TO												
z	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY												
CERTIFICATION										VEN IN PART	1(0) 15	PERFO	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED	(Enter nature o	of injury in f	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. ji. p. m.	Manth, Day, Yea	20d. II While of wor	NJURY OCCURRED Not while k ot work	20e. PLA fact	CE OF INJURY (fory, street, affic	(Home, form e bldg., etc.	. 20f. (City	or lown)	ĮC	ounty)		(State)
	21 Leastify the	at I attended the	deceas	ed from	uc_	1059	2 h 17	2001	-4/201960	- Ab 1 1		46	
	alive on E	ch	19/			-		_ /	n the causes				
	/	7 19 11.		/ direction	GEGIN	occorred di			freet, city or Jown,		ie aai		ta above
	ACTUAL SIGNATURE	8. Ci	Treto		A	1.D. 202	<u> </u>	Cla		Cs.			
L	PHYSICIAN'S NAME (Type)	C. E. CRI	TCH	ER, M.D.		Nev	v Chu	rch,	Virgin	ia			
220	BURIAL CREMATION	, 22b. DATE THEREC		22c. NAME OF CEM	ETERY A	KORDANORK		22d LOCA	TION (City, town,	or county)		(Stote)
E	uriai	4-24-60)	Wesley	Met	hodist	_		kton,	Mary	lan	đ	
23	SONURAL DIRECTOR'S	SIGNITURE	-/	ADDRESS			24a. REC'I	D BY BEGIE	MARO 246. REG	STRAR'S SIG	A 1 7		
Ł	Junit	vercus.	w	Pocomoke	Ci	ty, Md	DATE	APR 2	5 '60	Cullun	3. 5	me	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND ORCES b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ERLIN d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES . NO . CEAN NAME OF 4. DATE OF Middle Year DECEASED (Type or print) DEATH 19 60 0 9 AGE (In years IF JNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months 4 yrs. 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19, WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, , 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) factory, street, office bldg., etc. Hour o. m. While Not while p. m ot work at work 21. I certify that I attended the deceased from that I last saw the deceased. and that death occurred a _M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL L REMOVAL (Specify) MASSI 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Circling & That DATE

DIRECTOR:

should

page

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VS A15 (4)

15M 9/58

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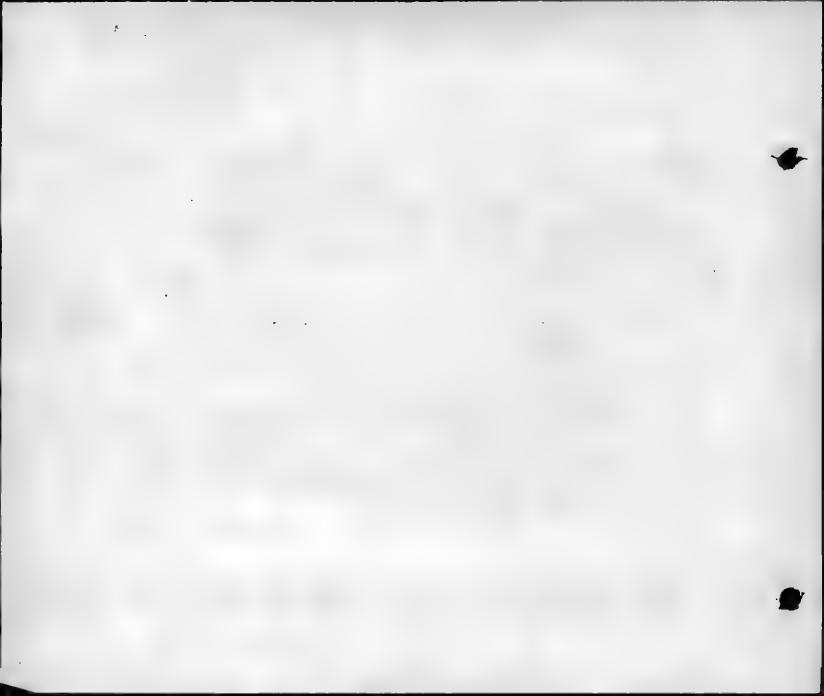
TO DENEXTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any differ is necessory, please executed perfectly settlificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer. Pector. Page 4 should be forw. Jed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retains fall you. Vies.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremoitan, or removal.

VS. A15ME(S) 5M 9/55

		5106 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	65186
	_	5196 MEDICAL EXAMINER'S	OLKINICALE OF BEATT	Reg. Dist. No.
	1	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased tived. If institution of STATE b. COUNTY	
	-	CHY OR TOWN III outside cognorate timits, write EUP (L/ /) C. LENGTH OF STAY IN 16	C CITY OR TOWN (If outside corporate limits, write	Warester
		only give recreet town	XPOOG SOG KEZ O'	NORAL and give neglect lown)
	H	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give virget glidress)	d STREET ADDRESS	e. IS RESIDENCE
	ļ		MREDZ BX. 3	YES TO NO
		NAME OF PERENT AND	ALost 114. DATE / Month	Doy Year
	5. S	Type or print) Willard handoir	Sh Mars VIII DEATH HOK	23 1960
	J. 3	A HOLER HOLER HOLER	DATE OF BIRTH 9. AGE (Infloors loss birthery)	Manths Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST	IRY 11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT GOUNTRY
	d	uring malt of working life, even ill retired}	- Maryland	1154
	79.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 12 CA 1 14
1		Kanzell Marshall	Sara Ginn	010
	,4\$. {Yes	no, or unknown) (If yes, give wor or dotes of service)	NFORMANT Address	2 / 70/4
	_	100 20-37-81135	exist Marshall 1	ocomote City
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Pane Sy France	ONSET OF DETAILED
		IMMEDIATE CAUSE (a)	age of the	1- KOWA
		Conditions, Many, which) DUE TO There arms -	Bullet X OGun St	not)
		gave rise to immediate cause (a), stating the underlying DUE TO		
		couse lost. (c)	<u> </u>	
1	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
	FICA	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW TRITING OCCURRENT	inter notice of injury de Bart I'd Part II of Item 19)	YES NO/B
	CERT	200. EXTERNAL CAUSE WAS PRIMARY ID 67 CONTRIBUTING 20h. DESCRIBE HOW TRIJURY OCCURRED. (E PRIMARY ID 67 CONTRIBUTING 20h. DESCRIBE HOW TRIJURY OCCURRED. (E PRIMARY ID 67 CONTRIBUTING 20h. DESCRIBE HOW TRIJURY OCCURRED. (E	11 11 1. 5/	nely
	CAL		CE OF INJURY (Home, form, 20f. (City of town)	(County) (Stote)
	2	Hour C. m. Christ 19 6 at work of work of work	Well home Sign (02)	-accornage, la
		21. I certify that I fack charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🔲,	Inquiry, and find that
		death resulted fram: Natural causes . Accident . Sui	cide 🔲, Hamicide 🔀, Undetermined co	ause
4		ACTUAL // DILDTELLM!)2	AMIEC MEDICAL EVALUAÇÃO	DATE SIGNED
1		SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	11/2 3/5
J		EXAMINER'S NAME (Type) VI TOT (US.	DEPUTY MEDICAL EXAMINER	1/23/6
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, o	ry county) (Stole)
		DUY101 HPP. 06,1960 ST. 1011	Cem Stockt	on, 111d,
	23. سر	FUNEBAL DIRECTOR'S SIGNATURE ADDRESS	1 6 200	TRAR'S MIGNATURE Thur S. Krause
		sight winder new trun	h, Ca DATE MAY 2 00 C	more d. I walk

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

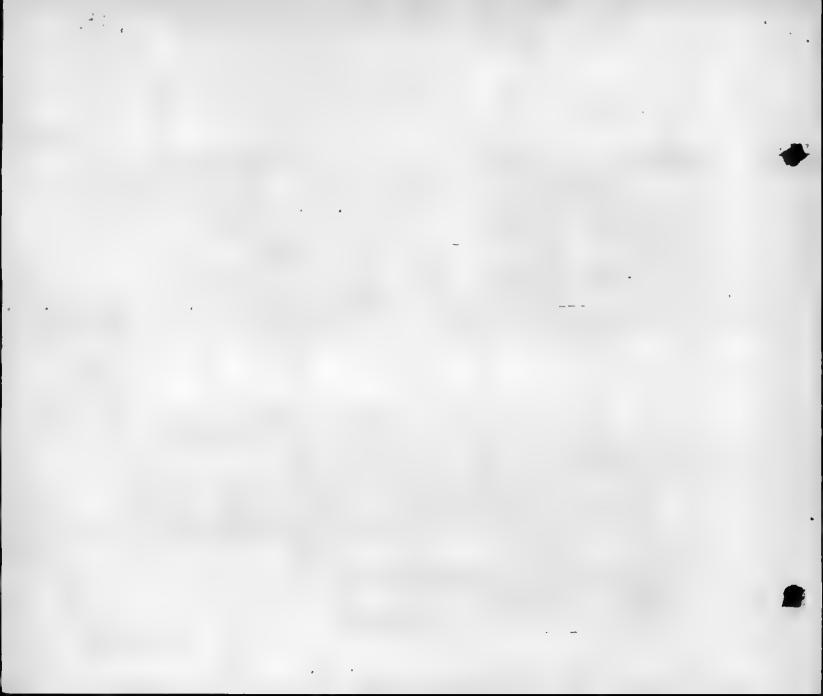


	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	5107 CERTIFICATE OF DEATH Reg. Dist. No.
director	1. PLACE OF DEATH a. COUNTY WARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY D. COUNT
be fi	b. CITY OR TOWN (If outs de carporate limits, write RURAL and give negrest tawn) RURAL and give negrest fown) C. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
Hed in	3 NAME OF DECEASED (Type or print) Balan Girl PLLYNELL BATE OF DEATH A 22-90
s. Page	5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Manths Days Hours Min.
d camp paper death.	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
cian and a carbon office de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. CATHER'S NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MO
g physician remove car 72 how dit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (II yes, give wor or dotes of service) Address
een signed by the atlendi onsit permit. Then pleas , and in any event within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under. Lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY
cate has be burial-in	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? P
r this certification as the cremation,	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Haur o. m. White Not white of wark at wark at wark at wark at wark at wark.
DIRECTOR: After	21. I certify that I attended the deceased fram
TO FUNERAL page 3 show the registror	NAME (Type) 22d. LOCATION (City, lown, or county) 22d. LOCATION (City, lown, or
15 (4) 9/50	Thoreston B. Jolley Salisbury and - DATEMAY 2 160 aug & Kome



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Worcester Worcester Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give negrest town) Rural - Pocomoke City Rural-Pocomoke City life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD RFD YES NO NAME OF Middle 4. DATE First Lost Month Day Year DECEASED 1960 MARY REDDEN April ELLEN (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. Months Hours 27,1937 White Female WIDOWED | Dec. DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Marvland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ray F. Redden Doris May Truitt Poges <u>P</u> 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None Ray F. Give Redden. Pocomoke City, RFD PM3. 18. CAUSE OF DEATH [Enter only one cause per line tor (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO A 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or fown) (County) (Slote) factory, street, office bldg., etc.) Hour While p. m. Not while at work at work p. m. 2). I certify that I tack charge of the remains described above, held an Autopsy ... Inspection 🖳 Inquiry A and find that to the Chief / death resulted from: Matural causes Accident [Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** E. SARTORIUS, SR. DEPUTY MEDICAL EXAMINER NAME (Type) Orw. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY DESCORDESCORDE 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 25-60 Bethany Methodist Pocomoke City. Burial FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) \ arthur & Kraus Pocomoke City

SM 9/55



3		MARY	AND ST	ATE DEPART	MENT OF HEALT	H-		
		513)9	CERTIFIC	CATE OF DEAT	Н		
	1. PLACE OF DEATH a. COUNTY	orcester		MARYLANG	o. STATE	2. USUAL RESIDENCE (When o. STATE Maryle		
eid be	RURAL and give	(If outside corporate liminerest town) OVILLE	is, write c. i	EOYrs	Eigh Opv			
4 2%	d. NAME OF HOSI OR INSTITUTION	PITAL (If not in haspital, s	ive street oddr	ess)	d. STREET ADDRESS			
8	3. NAME OF DECEASED (Type or print)	WALTER	at	Middle S.	RINGLER	1		
.r.	s. sex Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	1 8. DATE OF BIRTH May 8, 188	3?		

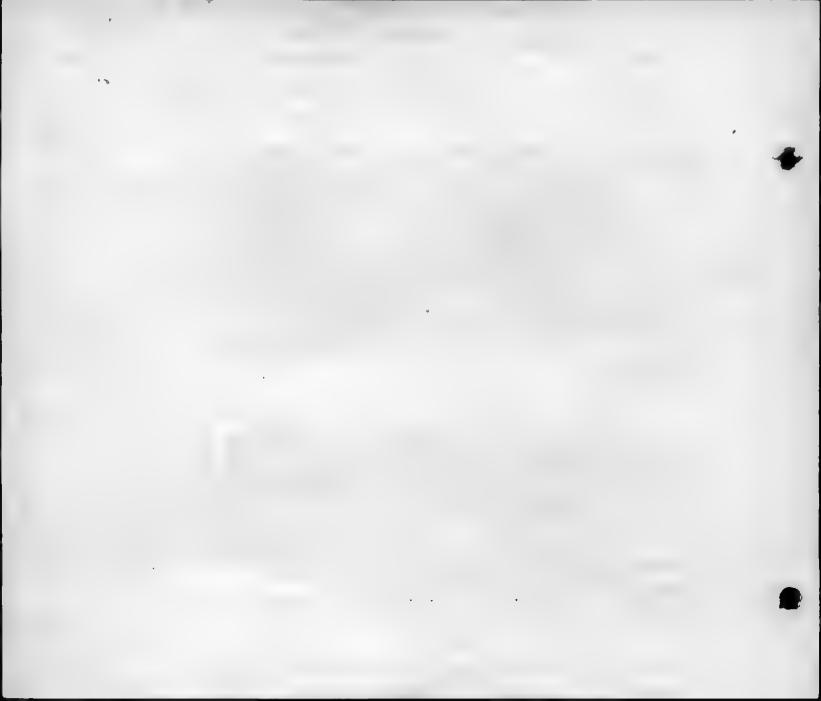
LTH-BALTIMORE, 18 05189

Reg. Dist. No.

	PLACE OF DEATH D. COUNTY					2. USUAL RESIDEN	ICE (When	e decease		anı Residen	ca befor	e edmiss	ion)
		rcester		MAI	RYLAND	9.0	ryla	nd	b. COUNTY	WO2	3005	ter	9
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest lown)							
	Bishop			BOYr	3	A Bish	opy i	llle					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital,	give street	oddress)		d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?							IDENCE FARM2
		XX						XX				YES 🗌	NO 🔽
3.	NAME OF DECEASED	Fi	rst	Midd	le	Lost	4	4. DATE	Mon	1h	Doy	, '	Year
	Type ar print)	WALTER		S.		RINGLER		DEATH	Apri	1 2	21		1960
5. 1	SEX	6. COLOR OR RACE	7. MARR	IED 📆 NEVER MARI	RIED 🔲	8. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER			
	Male	White	WIDOWE	DIVORC	ED 🗀	May 8.	1883	5	76 yrs.	Manths	Days	Haurs	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS		E (State ar	fareign c	ountry)	12. CI1	IZEN OF	F WHAT	COUNTRY?
	Inguran		<i>'</i>	Agent		Dela	ware	3			US	SA	
13.	FATHER'S NAME					14 MOTHER'S MA	AIDEN NA	ME					
	Seth B	Ringler				Lida	Hol	ton					
	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY N	O. 17. W	TORMANT			Addi	ess			
		r pest gree war sit agran at		22-05-39	14 M	rs. Aman	da R	ling	er Bish	opvi	11e	. N	d.
	18, CAUSE OF DEAT	TH [Enter only one co	suse per fu	far (a), (b), and (c		0 - /		-1			INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	. ///	1 mars	2 de	ONSET AND DEATH							T .
	DUE TO												
	Conditions if any which												
	gove rise to in	mediate Due To		1 1	M		- Person	7 11-	1				
	couse (o), stating t	he under-	N	A Ten!	- Din	to be	11. 7	- 1	11100		10		Cus
Ž		ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMINA	AL DISEAS	E CONDITION GIV	EN IN PAR	[](0)]9	, WAS	AUTOPSY
ATIC											1,0,1,		RMED?
IFIC	200 ACCIDENT WAS	HNDERLYING EL	20h DES	CRISE HOW INJURY	OCCHERE) (Foles polyre of in	iury in Por	et Lar Pari	I II of item 18 t			169 🗀	NOU
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH			O C C D R R C C	tanes naiore at the	1017 111 101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17 01 17011 197				
Š	20c. TIME OF INJURY	Month, Day, Ye	or 20d. II	NJURY OCCURRED		CE OF INJURY (Hor		20f. (City	ar lown)	((County)		(Slale)
WED	Hour o.m.	19	While al wor	Not while	100	tary, street, affice bl	ag., elc)		,				
_		ot I ottended the	decess	ed from \\[\int A		1960	to.	Do	16 10	that I	001.00	u tha	deceosed
	olive on 3	1 Link	196	^			19/12	ha Enn					
	Olive Oil	7	1 1	The state of the s	n dedin	occorred of 2			n the couses o		ie doi		ATE SIGNED
	ACTUAL	· VYOZ	THE	F. NAG.		161	LUI	. 110		,	22	1 th	1 1/1
	SIGNATURE		74.		<u> </u>	M D	G-Y-V				-a.a	74.4	N. O. U
	PHYSICIAN'S NAME (Type)	ar/ k		MG/A	DIDE	N			· **				
220	BURIAL CREMATION	226 DATE THERE		22c. NAME OF CE		CREMATORY			ION (City, town, o			(State	E)
1	BUTOLY Tecify)	4/24/60)	DI.	0. (). F.			pville,				
23.	FUNERAL DIRECTOR'S	CJGWATURE /	7	J1008275		24	o. REC'D I			STRAR'S SIG	SNATUR	E	
-	Telen 1	rast.	ار مد	delle	4.6	0. 2000		0 2 7 '		71 - 6	2		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence, before admission) e. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR JOYN (It outside corporate limits C LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1500 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION of nat in hospital, give street address d. STREET ADDRESS ON A FARM? YES TI NO KA NAME OF Middle DATE First Year (Type or print) DEATH 6. COLOR OR RACE 7- MARRIED THEYER MARRIED TO 8. DATE OF BURTH 9. AGE An years IF UNDER TYEAR IF UNDER 24 HRS. Months DIVORCED T WIDOWED [7] 160. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1/1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clorn worer 13. PATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE ON WONDERS OF THE LAND PART I. DEATH WAS CAUSED BY: Brief 11 Canditions, if any, which to Drowning gave rise ta immediate ceuse DUE TO (a), stating the underlying (2) Arteriosclerotic Heart Disease couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 50 PERFORMED? YES TO NO I 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. tank of freezing brine 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Nat while Md ocomoke Word at work . at work p. m 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 7 Inquiry 1 and find that ded to the Chief death resulted from: Natural causes ... Accident A. Suicide ... Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded to ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. SURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Sloie) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b, REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15MEIST herton - Mill Church DATE AND 21 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

riting the w of Medical E

Choos mex Ex. here reported "Trowning" ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within I

purs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805192 5201

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY WORCESTER	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MD. b. COUNTY WORCESTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give procest fawn). BISHUP R.F.D.	45YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BISHOP R.F.D.
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION R.F.D.2	address)	/ d. STREET ADDRESS R.F.D.2 ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) M. EDGAR	WATERS	Lost 4. DATE Month Day Year OF DEATH 4 3 1960
MALE COLORED WIDOW	ED DIVORCED	B. DATE OF BIRTH 11/8/1883 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Manihs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. FARMING working life, even if retired)	KIND OF BUSINESS OR INDUS	USTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME MORRIS WATERS		14. MOTHER'S MAIDEN NAME SARAH HUDSON
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		DSEPHINE WATERS BISHOP, MD. R.F.D.2
13 (1) Sheatetes mill	this (4) x	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m., p. m. 19 of world a cardinal alive on 2. 19 6 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ACE OF INJURY IHame, farm. 20f. (City or town) (Caunty) (State) inctary, street, office bldg., etc.) 3, 1956, to 4 ~ 7, 1960, that I last saw the deceased in accurred at 4.350 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED AND BENTIN . M.D. Bentin . M.D. Bentin . M.D.	
220. BURIAL CREMATION, 22b. DATE THEREOF L. 6/60 23. FUNGRAL DIRECTOR'S SIGNATURE	SARAH DUKES ADDRESS MILISBORO, I	S CENETERY BISHEP, MD. R.F.D.

A 5 4 6 . . LOSCITAL WARAS L.O.E.B. C. COMPANY tight of the first